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PTO/SB/36 (08-03)

**RESCISSION OF PREVIOUS
NONPUBLICATION REQUEST
(35 U.S.C. 122(b)(2)(B)(ii))
AND, IF APPLICABLE,
NOTICE OF FOREIGN FILING
(35 U.S.C. 122(b)(2)(B)(iii))**

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FAX: (703) 305-8568

| | |
|----------------------|---------------------|
| Application Number | 10/773,767 |
| Filing Date | February 6, 2004 |
| First Named Inventor | Mandema, Jacob W. |
| Title | DRUG MODEL EXPLORER |
| Atty Docket Number | 021720-001310US |
| Group Art Unit | 1645 |
| Examiner | Unassigned |

A request that the above-identified application not be published under 35 U.S.C. 122(b) (nonpublication request) was included with the above-identified application on filing pursuant to 35 U.S.C. 122(b)(2)(B)(i). I hereby **rescind** the previous nonpublication request.

If a notice of foreign or international filing is or will be required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c), I hereby provide such notice. This notice is being provided no later than forty-five (45) days after the date of such foreign or international filing.

If a notice of subsequent foreign or international filing is or will be required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c) was not filed within forty-five (45) days after the date of filing of the foreign or international application, the application is ABANDONED, and a petition to revive under 37 CFR 1.137(b) is required. See 37 CFR 1.137(f).

October 1, 2004

Date

Signature

650-326-2400

Telephone Number

Kent J. Tobin, Reg. No. 39,496

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b).

If information or assistance is needed in completing this form, please contact the Pre-Grant Publication Division at (703) 605-4283 or by e-mail at PGPub@USPTO.gov.

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Name (Print/Type) Eleanor J. Taylor

Signature

Date

October 1, 2004



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|-------------------|
| Application Number | 10/773,767 |
| Filing Date | February 6, 2004 |
| First Named Inventor | Mandema, Jacob W. |
| Art Unit | 1645 |
| Examiner Name | Unassigned |
| Attorney Docket Number | 021720-001310US |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Rescission of Previous Nonpublication Request |
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|-----------------|
| Firm or Individual name | Townsend and Townsend and Crew LLP Kent J. Tobin | Reg. No. 39,496 |
| Signature | | |
| Date | October 1, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

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|-----------------------|-------------------|------|-----------------|
| Typed or printed name | Eleanor J. Taylor | | |
| Signature | | Date | October 1, 2004 |